



**North America  
Intellectual Property Corporation**

**P.O. BOX 506, Merrifield, VA 22116, U.S.A.**

**Voice Mail: 302-729-1562**

**FAX: 806-498-6673**

**e-mail: winstonhsu@naipo.com**

**RECEIVED  
CENTRAL FAX CENTER  
DEC 24 2004**

**FAX TO: JACKSON, JENISE E  
ART UNIT: 2131** Tel.: (703) 306-0426  
Fax: (703) 872-9306

**FROM: Winston Hsu, PATENT AGENT, REG. NO.: 41,526**

**SERIAL NO.: 09/681,992**

**ATTORNEY DOCKET NO.: ASTP0013USA**

**SUBJECT: Response to the Office Action dated 10/01/2004**

**TOTAL PAGES: 11 PAGES (INCLUDING COVER PAGE)**

**Winston Hsu 2004/12/24**

**ASTP0013USA0\_A2\_1**

PTO/SB/87 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on 12/24/2004  
Date

RECEIVED  
CENTRAL FAX CENTER  
DEC 24 2004

Celia Hsieh  
Signature

Celia Hsieh

Typed or printed name of person signing Certificate

Voice Mail: 302-729-1562

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	7 PAGES

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/21 (08-04)

Approved for use through 07/31/2006, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/681,992
Filing Date	07/05/2001
First Named Inventor	Sam Shiaw-Shiang Jiang
Art Unit	2131
Examiner Name	JACKSON, JENISE E
Attorney Docket Number	ASTP0013USA

RECEIVED  
CENTRAL FAX CENTER  
DEC 24 2004

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	DEC 24 2004	Reg. No.	41,526

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name			
Date			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

**Complete If Known**

Application Number	09/681,992
Filing Date	07/05/2001
First Named Inventor	Sam Shiaw-Shiang Jiang
Examiner Name	JACKSON, JENISE E
Art Unit	2131
Attorney Docket No.	ASTP0013USA

RECEIVED  
CENTRAL FAX CENTER  
DEC 24 2004**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)  
Small Entity Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

- 20 or HP = X =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = X =

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) X =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	Winston Hsu	Registration No. 41,526 (Attorney/Agent)	Telephone 302-729-1562
Name (Print/Type)	Winston Hsu Date DEC 24 2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# LOCAL SUSPEND FUNCTION AND RESET PROCEDURE IN A WIRELESS COMMUNICATIONS SYSTEM

RECEIVED  
CENTRAL FAX CENTER  
DEC 24 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

## **AMENDMENT**

Sir.

5 In response to the Office action of October 01, 2004, please amend the above-identified application as follows:

**Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.**

**Remarks/Arguments begin on page 5 of this paper.**